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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	ADRIANO ROSA		
For:	CORRECTING FOOT ALIGNMENT		
Serial No.:	10/604,418	Examiner:	Yaritza Guadalupe
Filed:	July 18, 2003	Group Art Unit:	2859
Atty. Docket:	71480-0003	Confirmation Number:	1417

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, Alexandria, VA. 22313-1450.

☒ transmitted by facsimile to the Patent and Trademark Office, to Examiner Yaritza Guadalupe, c/o Central Facsimile Number 703-872-9306.

Rebecca L. Shilt
Signature

Date: Sept. 23, 2004

Rebecca L. Shilt
(type or print name of person certifying)

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE TO OFFICE ACTION

In response to the Office action mailed June 28, 2004, kindly amend the above-identified application as follows:

09/27/2004 AJOHNS01 00000019 502003 10604418
01 FC:2201 43.00 DA
02 FC:2202 18.00 OP

A complete listing of amendments to the specification begins on page 2.

A complete listing of the claims begins on page 4 of this paper.

Remarks/Arguments begin on page 15 of this paper.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

CLAIMS AS FILED - PART I

TOTAL CLAIMS	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	68 minus 20=	* 48
INDEPENDENT CLAIMS	6 minus 3 =	* 3
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

	RATE	FEE		RATE	FEE
BASIC FEE		$375	OR	BASIC FEE	$750
	X$ 9=	432	OR	X$18=	
	X42=	126	OR	X84=	
	+140=	—	OR	+280=	
	TOTAL	933	OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 70	Minus	** 68	= 2
Independent	* 7	Minus	*** 6	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=	18	OR	X$18=	
X42=	43	OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE	61	OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.